

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 049 ***150.00

DOCUMENT # L04200 ✓

1. Entity Name
WORLD AIR LEASE, INC.

Principal Place of Business 55 ALHAMBRA PLAZA 2 COLUMBUS CTR. STE 600 CORAL GABLES FL 33134 US	Mailing Address P O BOX 145210 CORAL GABLES FL 33114-5210 US
--	---

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0143851** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LEON BELLOC, MARTHA M
2 COLUMBUS CTR
55 ALHAMBRA PLAZA, STE 600
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME * STREET ADDRESS CITY-ST-ZIP	CD CONESE, EUGENE SR 55 ALHAMBRA PLZ, 2 COLUMBUS CTR STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METZGER, SUSAN MARIE 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME * STREET ADDRESS CITY-ST-ZIP	AVPS DE LEON BELLOC, MARTHA M 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONESE, ANNA MAY 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME * STREET ADDRESS CITY-ST-ZIP	VPD CONESE, EUGENE JR 2 COLUMBUS CTR, 55 ALHAMBRA PLZ STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME * STREET ADDRESS CITY-ST-ZIP	V BROADMEADOW, EDWARD 2 COLUMBUS CTR, 55 ALHAMBRA PLZ, STE 600 CORAL GABLES FL 33134 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME * STREET ADDRESS CITY-ST-ZIP	P Metzger, Peter 55 Alhambra Plaza, Ste. 600 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Conese, Mark 55 Alhambra Plaza, Ste. 600 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eagan, Deborah 55 Alhambra Plaza, Ste 600 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME * STREET ADDRESS CITY-ST-ZIP	CFO RAYMOND FERNANDEZ-ANDES 55 ALHAMBRA PLAZA, STE. 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
Date

(305) 774-3500
Daytime Phone #

CR2E034 (9/99)